Image# 28990535354 02/29/2008 15:03

	RECEIPTS AND DISBURSEN ED COMMITTEE OF A CANDIDATE FOR		DE PRESIDENT OR	1 / 90 VICE-PRESIDENT
1. NAME OF COMMITT	EE (in full)	THE OTTIOE C	or Pricolocity On	VIOL-PILOIDENT
COX 2008 COMMIT	TEE INC			
ADDRESS (number and	Officer if different than previously	reported		
Post Office Box 5353			2. IDENTIFICATION NU C00420224	JMBER
CITY, STATE, and ZIP (CODE		3. IS THIS REPORT FO	OR ·
Buffalo Grove	IL 60089		☐ Primary	General
4. TYPE OF RE	EPORT (Check here if this is a Termination	n Report.)	•	
Audit Oursell De		Monthly Report Due	On:	
April 15 Quarterly Re		February 20	June 20	October 20
July 15 Quarterly Rep	port	March 20 April 20	☐ July 20 ☐ August 20	November 20 December 20
October 15 Quarterly	Report	May 20	September 20	
X January 31 Year End	Report T	welfth day report pr	receding	
			•	ype of Election)
	е	lection on	in th	e State of
	Т	hirtieth day report f	ollowing the General Electi	on on
		on		
IS THIS REPORT AN AI	MENDMENT X YES NO			
5. COVERING PERIOD	FF	ROM 10/01/2007	THRO	DUGH 12/31/2007
SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD			1963.63
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			31258.83
	8. SUBTOTAL (Lines 6 and 7)			33222.46
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)			32068.19
	10. CASH ON HAND AT CLOSE OF REPORTING (Subtract Line 9 from 8)	PERIOD		1154.27
	11. DEBTS AND OBLIGATIONS OWED TO THE C (Itemize All on Schedule C-P or Schedule D-P)	COMMITTEE		0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE C (Itemize All on Schedule C-P or Schedule D-P)	COMMITTEE		1055000.00
	13. EXPENDITURES SUBJECT TO LIMITATION			1076513.24
NET ELECTION CYCLE- TO-DATE	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column	B, Page 2)		22167.51
CONTRIBUTIONS AND EXPENDITURES	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column	B, Page 2)		1052909.98
I certify that I have exa	mined this Report and to the best of my knowledg	e and belief it is to	rue, correct, and comple	te.
Type or Print Name of Tr Claremont Ruf				Date 02/29/2008
Signature of Treasurer				1
NOTE: Submission of fal	se, erroneous, or incomplete information may subject t	the person signing t	this Report to the penalties	of 2 U.S.C. §437a.
	EC FORM 3P are obsolete and should no longer be us		in a series in a policino	· - · 3 · - · · g.
For further information	contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424 Local 202-694-110	-9530	FEC FORM 3P 01/2001)

DETAILED SUMMARY OF RECEIPTS A	ND DISBU	RSEMENTS	2 / 90
(PAGE 2, FEC FORM 3P) Name of committee (in full)		Report Covering the Period	i
COX 2008 COMMITTEE INC		From: 10/01/2007	To: 12/31/2007
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00
		0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees		266.00	22167.51
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) The Candidate	17(d))	0.00	0.00 22167.51
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c)	, 17(d))	266.00	22107.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		30000.00	1055000.00
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		30000.00	1055000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		492.83	4110.68
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 2	0(b) and 20(c))	492.83	4110.68
21. OTHER RECEIPTS (Dividend, Interest, etc.)		500.00	500.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		31258.83	1081778.19
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		32068.19	1057020.66
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00
		3.33	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00
(u) TOTAL CONTRIDUTION REPUNDS (A00 28(a), 28(b), 28(c))		0.00	0.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		32068.19	1080623.92
III. CONTRIBUTED ITEMS (Stock, Art Ob	jects, etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

Buffalo Grove

IL

ugen 20000000			
ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds) (PAGE 3, FEC FORM 3P)			
1. NAME OF COMMITTEE (in full)			
COX 2008 COMMITTEE INC			
ADDRESS (number and street)			
Post Office Box 5353			
CITY, STATE, and ZIP CODE	2. IDENTIFICATION NUMBER		

C00420224

ALLOCATION BY STATE

60089

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2969.72	South Carolina	0.00	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
lowa	0.00	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	256085.10

SCHEDULE A (FEC Form 3P)

SCHEDULE A (FEC Form 31 TEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 4/90 (check only one)
	Detailed Summary Page	16 X 17a 17b 17c 17d 19a 19b 20a 20b 20c
Any information copied from such Reports aror for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
Full Name (Last, First, Middle Initial) William Benstson		Date of Receipt
Mailing Address 319 Laurens Street SW City	Unit A3 State Zip Code	10 02 7 2007
Aiken	SC 29081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Name of Employer Unknown	Occupation Unknown	Contribution
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 30.00	1
		Transaction ID: SA17A.7027
Full Name (Last, First, Middle Initial) Dennis J. Bonavita		Date of Receipt
Mailing Address 2319 Caldwell Corners Road		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	
Brookville	PA 15825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer McLean	Occupation Writer	Contribution
Receipt For: 2008 X Primary General Other (specify)	Election Cycle-to-Date ▼ 25.00	1
		Transaction ID: SA17A.7034
Full Name (Last, First, Middle Initial) Stuart King		Date of Receipt
Mailing Address 2703 Summerhill Lane		10 03 7 9 9 9
City	State Zip Code	
<u>Champaign</u>	IL 61822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Christie Clinic, PC	Occupation Physician	Contribution
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	Transaction ID: SA17A.7043
	1	3,117,17,040

SCHEDULE A (FEC Form 3P)

	CHEDULE A (FEC Form 3P) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5/90 (check only one)
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or used by any pe	rson for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	to solicit contributions from such committee.
	COX 2008 COMMITTEE INC		
۱.	Full Name (Last, First, Middle Initial) Ronald S. Knopf		Date of Receipt
	Mailing Address 227 Midland Avenue City	State Zip Code	10 / 02 / 2007
	<u>Findlay</u>	OH 45840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1.00
	Name of Employer The University of Findlay	Occupation Director - Web & Technology Servi	Contribution
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1.00	
_			Transaction ID: SA17A.7035
3.	Full Name (Last, First, Middle Initial) Timothy McMaster Mailing Address		Date of Receipt
	225 East Butter Road		10 03 2007
	City	State Zip Code PA 17404	
	York FEC ID number of contributing federal political committee.	PA 17404	Amount of Each Receipt this Period 10.00
	Name of Employer ABET, Inc.	Occupation IT Manager	Contribution
	Receipt For: 2008 X Primary General	Election Cycle-to-Date ▼	
	Other (specify) ▼	10.00	Transaction ID: SA17A.7041
—).	Full Name (Last, First, Middle Initial) Timothy McMaster		Date of Receipt
	Mailing Address 225 East Butter Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	
	York	PA 17404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		10.00
	Name of Employer ABET, Inc.	Occupation IT Manager	Contribution
	Receipt For: 2008 X Primary General	Election Cycle-to-Date ▼	
	Other (specify) ▼	20.00	Transaction ID: SA17A.7045
			21.00

	SCHEDULE A (FEC Form 3P) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 90 (check only one) 16
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Α.	Full Name (Last, First, Middle Initial) Clayton Pippenger			Date of Receipt
	Mailing Address 1645 Maple Creek Lane			10 09 2007
	City	State	Zip Code	
	Carson City	NV	89701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Navellier	Occupatio CTIO	n	Contribution
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 100.00	Transaction ID: SA17A 7040

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	<u> </u>	266.00

SCHEDULE A (FEC Form 3P)			Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 7/90
	EMIZED RECEIPTS	for each category of the	(check only one)		
	EIVIIZED NECEIF 13		Detailed Summary Page	\rightarrow	17b 17c 17d 18 20a 20b 20c 21
A	ny information copied from such Reports and Star for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of so solicit contributions fro	oliciting contributions om such committee.
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC				
Α.	Full Name (Last, First, Middle Initial) John H. Cox			Date of Receipt	
	Mailing Address 55 East Erie		M M / D	02 2007	
	City	State	Zip Code		
	Chicago	IL	60611	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.			20000.00	
	Name of Employer Occupation		n	Personal funds	
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1045000.00	Transaction ID:	SA19A.7036
В.	Full Name (Last, First, Middle Initial) 3. John H. Cox			Date of Receipt	
	Mailing Address 55 East Erie				03 2007
	City	State	Zip Code		
	Chicago	<u>IL</u>	60611	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.				10000.00
	Name of Employer Occupation		n	Personal funds	
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1055000.00	Transaction ID:	SA19A.7037

SUBTOTAL of Receipts This Page (optional)	•	30000.00
TOTAL This Period (last page this line number only)		30000.00

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 90 (check only one) 16 17a 17b 17c 17d 18 19a 19b X 20a 20b 20c 21
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Public Service of New Hampshire Mailing Address PO Box 360 City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Manchester FEC ID number of contributing federal political committee.	NH	03105	Amount of Each Receipt this Period 492.83
Name of Employer Receipt For: 2008	Occupation C	n Cycle-to-Date ▼	Return of deposit
X Primary General Other (specify) ▼	Liection	492.83	Transaction ID: SA20A.7013

		400.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	492.83
TOTAL This Period (last page this line number only)	•	492.83

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 90 (check only one) 16 17a 17b 17c 17d 18 19a 19b 20a 20b 20c X 21
Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so				on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC				
Α.	Full Name (Last, First, Middle Initial) Garrett for Senate Committee			Date of Receipt
	Mailing Address Post Office Box 505			10 12 2007
	City	State	Zip Code	
	Indianola	IA	50125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Occupation		n	Reim. don. to Mitchell Ct- y. Rep. by Cox
	Receipt For: 2008	Election C	Sycle-to-Date ▼	
	X Primary General Other (specify) ▼	0 0	500.00	Transaction ID: SA21 7032

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	→	500.00

В.

C.

SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 10/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7019 Steve Adcock Date of Disbursement 15 1[™]0 2007 Mailing Address 101 North Wilmot Suite 400 City State Zip Code Amount of Each Disbursement this Period ΑZ 85711 Tuscon 250.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7020 Steve Adcock Date of Disbursement [™]0 3 1 2007 Mailing Address 101 North Wilmot Suite 400 City State Zip Code Amount of Each Disbursement this Period Tuscon ΑZ 85711 87.50 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6959 Date of Disbursement 05 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period Roseland NJ 07068 72.70 Purpose of Disbursement Payroll services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 410.20 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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C.

SCHEDULE B (FEC Form 3P)

SUBTOTAL of Disbursements This Page (optional) ...

TOTAL This Period (last page this line number only)

FOR LINE NUMBER: PAGE 11/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6960 ADP Date of Disbursement 1 2 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period NJ 07068 Roseland 84.00 Purpose of Disbursement Payroll services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7010 **ADP** Date of Disbursement 15 [™]0 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period 07068 Roseland NJ 194.90 Purpose of Disbursement Payroll taxes 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6961 Date of Disbursement 19 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period Roseland NJ 07068 72.70 Purpose of Disbursement Payroll services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

FE1AN060.PDF FEC Schedule B (Form 3P)

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C.

SCHEDULE B (FEC Form 3P)

SUBTOTAL of Disbursements This Page (optional) ...

TOTAL This Period (last page this line number only)

FOR LINE NUMBER: PAGE 12/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6962 ADP Date of Disbursement 26 1[™]0 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period NJ 07068 Roseland 78.00 Purpose of Disbursement Payroll services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7011 **ADP** Date of Disbursement [™]0 3 1 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period 07068 Roseland NJ 194.90 Purpose of Disbursement Payroll taxes 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7073 Date of Disbursement 0 2 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period Roseland NJ 07068 13.00 Purpose of Disbursement Services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 285.90

FE1AN060.PDF FEC Schedule B (Form 3P)

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 13/90 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6956 ADP Date of Disbursement 0 9 1 1 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period NJ 07068 Roseland 72.70 Purpose of Disbursement Services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6957 **ADP** Date of Disbursement 2 3 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period 07068 Roseland NJ 28.00 Purpose of Disbursement Services 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6963 Al's Music Date of Disbursement 03 2007 Mailing Address Post Office Box 742 City State Zip Code Amount of Each Disbursement this Period Ames IΑ 50010 120.00 Purpose of Disbursement Entertainment 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 220.70 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

FEC Schedule B (Form 3P)

В.

C.

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 14/90 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6846 Artic Glacier Ice Date of Disbursement 0 1 1[™]0 2007 Mailing Address 2101 Pullman Street City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 281.00 Purpose of Disbursement 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6973 Danny Carlton Date of Disbursement 13 1[™]0 2007 Mailing Address 19724 East Pine #149 City State Zip Code Amount of Each Disbursement this Period 74017 Catoosa OK 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6974 Danny Carlton Date of Disbursement 2007 Mailing Address 19724 East Pine #149 City State Zip Code Amount of Each Disbursement this Period Catoosa OK 74017 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

FE1AN060.PDF FEC Schedule B (Form 3P)

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SUBTOTAL of Disbursements This Page (optional) ...

TOTAL This Period (last page this line number only)

381.00

В.

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 15/90 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7165 Center for Aging Citizens, Inc. Date of Disbursement 0 3้ 1[™]0 2007 Mailing Address 2360 West Dale Court City State Zip Code Amount of Each Disbursement this Period Bettendorf 52722 IΑ 500.00 Purpose of Disbursement Donation 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6964 Charlotte Douglas Parking Date of Disbursement 1[™]0 0 3้ 2007 Mailing Address 3501 Josh Birmingham Parkway City State Zip Code Amount of Each Disbursement this Period Charlotte 28208 NC 500.00 Purpose of Disbursement Donation 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7075 Chase Bank Date of Disbursement 05 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60067 12.00 Purpose of Disbursement Wire charges 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1012.00 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 16/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7076 Chase Bank Date of Disbursement 05 1[™]0 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period Palatine IL 60067 12.00 Purpose of Disbursement Wire charges 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7078 Chase Bank Date of Disbursement [™]0 05 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7079 Chase Bank Date of Disbursement 3 1 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60067 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 36.00

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: PAGE 17/90 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7016 Chase Bank Date of Disbursement 05 1 1 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period Palatine IL 60067 160.00 Purpose of Disbursement Various banking fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7008 Chase Bank Date of Disbursement 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 12.00 Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7009 Chase Bank Date of Disbursement 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60067 12.00 Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23,7081
Chase Bank			Date of Disbursement
Mailing Address 825 West Euclid			$\begin{bmatrix} M & M \\ 1 & 2 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
•	State Zip Code IL 60067		Amount of Each Disbursement this Period
Purpose of Disbursement Wire fees		101	12.00
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Disburse Senate X President	ment For: Primary General Other (specify) ▼		
State: District: 02			
Full Name (Last, First, Middle Initial) Chase Bank			Transaction ID: SB23.7082 Date of Disbursement
Mailing Address 825 West Euclid			12 M 14 Y 2007Y
•	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Wire fees		101	12.00
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Senate X President State: Disburse	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			I- ODec 7000
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Mailing Address 825 West Euclid			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 1 & 2 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & 3 & 1 \\ 0 & 3 & 1 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} \end{bmatrix}$
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Purpose of Disbursement Wire fees		101	12.00
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Office Sought: House Disburse Senate X President	ment For: Primary General Other (specify)		
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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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NAME OF COMMIT COX 2008 COMM	TEE (In Full)													
Full Name (Last, First Comfort Inn Mailing Address City Ames Purpose of Disburse Lodging Candidate Name John H. Cox	2609 University Avenuement	State IA	Zip Code 50010		at	01 egory/ ype		Date of	of D	isburs C	emeni	/ Y	2 2 0 0 7 7 Int this Period 403.16	
	House Disbute Senate X President District: 02	Primary Other (spe	General ecify) ▼											
Full Name (Last, Fire Complete Campa Mailing Address	•	Way Suite K						Date		isburs	-		7 Ž 0 Ŏ 7 ^Y	
City San Diego		State CA	Zip Code 92102					Amou	nt o	f Each	Disb	urseme	nt this Period	
Purpose of Disburse Fundraising fees Candidate Name John H. Cox Office Sought:		ursement For: Primary Other (spe	General		at	01 egory/ ype							1.95	
	resident district: 02	Other (spe	ecity) 🔻											
Full Name (Last, Fire Complete Campa								Date o		isburs	emen			
Mailing Address	610 Gateway Center V	Way Suite K						1 0		C	9		2 0 0 7 °	
City San Diego		State CA	Zip Code 92102					Amou	nt o	f Each	Disb	urseme	nt this Period	
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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 21/90 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6852 Federal Express Date of Disbursement 0 1 1[™]0 2007 Mailing Address 1 Federal Express Drive City State Zip Code Amount of Each Disbursement this Period Nashville ΤN 39240 33.06 Purpose of Disbursement Overnight Delivery 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6393 Gee Willie Entertainment Date of Disbursement 0 1 1[™]0 2007 Mailing Address Post Office Box 881 City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 238.50 Purpose of Disbursement Iowa Straw Poll - Entertainment 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6953 Adam Graham Date of Disbursement 2007 Mailing Address 2834 Abbs Lane City State Zip Code Amount of Each Disbursement this Period Boise ID 83705 100.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 371.56 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 22/90 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6955 Adam Graham Date of Disbursement 3 1 1[™]0 2007 Mailing Address 2834 Abbs Lane City State Zip Code Amount of Each Disbursement this Period ID 83705 Boise 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) State: District: 02 Full Name (Last, First, Middle Initial) Transaction ID: SB23.7017 Stacy Harp Date of Disbursement [™]0 13 2007 Mailing Address 4315 West Chapman Avenue City State Zip Code Amount of Each Disbursement this Period 92868 Orange CA 100.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7018 Stacy Harp Date of Disbursement 2007 Mailing Address 4315 West Chapman Avenue City State Zip Code Amount of Each Disbursement this Period Orange CA 92868 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 200.00 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC											
Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street							sburse	_			0 0 7 Y
	State Zip Code				Amou	ınt of	Fach	Dish	urser	nen	t this Period
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Purpose of Disbursement Salary			101			0	_			Į	500.00
Candidate Name John H. Cox		Ca	atego Type	ory/							
Office Sought: House Senate X President State: District: 02	ment For: Primary General Other (specify)		. , ,								
Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: SB2	23.69	96	
Linda Harrington						_	sburse		it		V
Mailing Address 2421 - 106th Street					1 ^M 0	M /	^D 3	3 O	/ L	ž	0 0 7
•	State Zip Code IA 50005				Amou	ınt of	Each	Disb	ourser	nen	this Period
Purpose of Disbursement Salary			101							Ę	500.00
Candidate Name John H. Cox		Ca	atego Type	ory/							
Office Sought: House Disburser Senate X President	ment For: Primary General Other (specify)		, ypc								
State: District: 02											
Full Name (Last, First, Middle Initial) Linda Harrington						of Di	sburse	emen			
Mailing Address 2421 - 106th Street					1 ^M 1	M /	^D 2	27	/ Y	ž	0 0 7
	State Zip Code IA 50005				Amou	ınt of	Each	Disb	ourser	nen	this Period
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Candidate Name John H. Cox		Ca	101 atego Type	ory/							
Office Sought: House Disburser Senate X President	ment For: Primary General Other (specify)	<u> </u>	. ,,								
State: District: 02											
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SCHEDULE B (FEC Form 3P)

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NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Lennie Jarrett			Transaction ID: SB23.6993 Date of Disbursement
Mailing Address 2306 North Tedy Lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code IL 60073		Amount of Each Disbursement this Period
Purpose of Disbursement		101	100.00
Salary Candidate Name John H. Cox		101 Category/ Type	
Office Sought: House Disburse Senate X President State: District: 02	ment For: Primary General Other (specify)	.,,,,,	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6994
Lennie Jarrett			Date of Disbursement
Mailing Address 2306 North Tedy Lane			10 M / D 3 1 / Y 2 0 0 7 Y
· · · · · · · · · · · · · · · · · · ·	State Zip Code IL 60073		Amount of Each Disbursement this Period
Purpose of Disbursement Salary		101	50.00
Candidate Name John H. Cox		Category/ Type	
Senate X President	ment For: Primary General Other (specify)		
State: District: 02			
Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc			Transaction ID: SB23.7003 Date of Disbursement
Mailing Address 625 North Michigan Ave S	Suite 420		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code IL 60611		Amount of Each Disbursement this Period
Purpose of Disbursement Office expense reimbursement		101	70.09
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Disburse Senate X President	ment For: Primary General Other (specify)	. 75-2	
State: District: 02	▼ (opoon)		
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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Kimberly McClendon			Transaction ID: SB23.6983 Date of Disbursement Mom / Da D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14500 Roadrunner Way #401			10 M / 31 / 2007 Y
City San Antonio	State Zip Code TX 78249		Amount of Each Disbursement this Period
Purpose of Disbursement Salary - wire fee Candidate Name John H. Cox Office Sought: House Disburse X President State: District: 02	ment For: Primary General Other (specify)	101 Category/ Type	-12.00
Full Name (Last, First, Middle Initial) Kimberly McClendon			Transaction ID: SB23.6984
Mailing Address 14500 Roadrunner Way #401			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78249		Amount of Each Disbursement this Period
Purpose of Disbursement		101	375.00
Salary Candidate Name John H. Cox		101 Category/ Type	
Senate X President	ment For: Primary General Other (specify) ▼		
State: District: 02 Full Name (Last, First, Middle Initial)			
Kimberly McClendon			Transaction ID: SB23.6985 Date of Disbursement
Mailing Address 14500 Roadrunner Way #401			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City San Antonio	State Zip Code TX 78249		Amount of Each Disbursement this Period
Purpose of Disbursement Salary - wire fee		101	-12.00
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Disburse Senate X President	ment For: Primary General Other (specify)	7.	
State: District: 02	· · · ·		
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Any Information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to sol													
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC													
Full Name (Last, First, Middle Initial) Kimberly McClendon						Transaction ID: SB23.6986 Date of Disbursement							
Mailing Address 14500 Roadrunner Way #401							^M 2	M	D () ;	3		ž 0 0 7 [°]
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Purpose of Disbursement Salary				10	01			-					375.00
Candidate Name John H. Cox					egory/ pe								
Office Sought: Senate X President State: Disburse Disburse	ment For: Primary Other (spe	General cify) ▼											
Full Name (Last, First, Middle Initial) Kimberly McClendon							Trans Date		sburs	er	nent		
Mailing Address 14500 Roadrunner Way #401							12 03 2007						
•	State TX	Zip Code 78249					Amou	nt o	Each	ם ר	Disbur	seme	nt this Period
Purpose of Disbursement Salary - wire fee	Salary - wire fee 101					-12.00							
Candidate Name John H. Cox					gory/ pe								
Office Sought: House Disburse Senate X President State: District: 02	ment For: Primary Other (spe	General cify) ▼											
Full Name (Last, First, Middle Initial) Kimberly McClendon							Trans			er	nent	.698	3
Mailing Address 14500 Roadrunner Way #401							^M 2	M	D 1	1 4	1 /	Y	2007
City	State TX	Zip Code 78249					Amou	nt o	Each	n [Disbur	seme	nt this Period
Purpose of Disbursement Salary				10	01		L.					•	375.00
Candidate Name John H. Cox					gory/ pe								
Office Sought: Senate X President State: Disburse	ment For: Primary Other (spe	General cify) ▼											
SUBTOTAL of Disbursements This Page (optional) .						•							738.00
TOTAL This Period (last page this line number only)					•	-							

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 29/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6989 Kimberly McClendon Date of Disbursement 14 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 -12.00Purpose of Disbursement Salary - wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6990 Kimberly McClendon Date of Disbursement 3 1 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period 78249 San Antonio TX 375.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6991 Kimberly McClendon Date of Disbursement 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 -12.00Purpose of Disbursement Salary - wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 351.00

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE		PAGE 30/90		
ITEMIZED DISBURSEMENTS	for each category of the	(check only	- ·	26 🔲 27a		
	Detailed Summary Page	27b		28c 29		
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
COX 2008 COMMITTEE INC						
Full Name (Last, First, Middle Initial)			Transaction ID: SB2			
Microtel Inn and Suites			Date of Disbursemen			
Mailing Address 2216 Street 16th Street			1"0 " 0 1	2007		
,	State Zip Code		Amount of Each Disb	oursement this Period		
Ames Purpose of Disbursement	IA 50010			2048.38		
Lodging		101				
Candidate Name John H. Cox		Category/ Type				
Office Sought: House Disburser						
Senate X President	Primary General Other (specify)					
State: District: 02	Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction ID: SB2	23 7006		
New Hampshire Secretary of State			Date of Disbursemen			
Mailing Address State House			10 / 31	2 0 0 7		
Room 204						
,	State Zip Code NH 03301		Amount of Each Disb	oursement this Period		
Purpose of Disbursement	00001			1000.00		
Filing fee - 2008 Primary		101				
Candidate Name John H. Cox		Category/ Type				
Office Sought: House Disburser						
Senate X President	Primary General Other (specify)					
State: District: 02	Other (opcomy)					
Full Name (Last, First, Middle Initial)			Transaction ID: SB2	23.7136		
Office of the Attorney General - Employer N	Maintenance		Date of Disbursemen			
Mailing Address Post Office Box 10			10 13	² 2007		
•	State Zip Code		Amount of Each Disb	oursement this Period		
	TX 78767			150.00		
Purpose of Disbursement Payroll - Utz		101		100.00		
Candidate Name John H. Cox		Category/ Type				
Office Sought: House Disburser						
Senate	Primary General					
X President State: District: 02	Other (specify)					
SUBTOTAL of Disbursements This Page (optional)				3198.38		
OUDITION OF DISDUISEMENTS THIS FAGE (OPTIONAL)		<u> </u>		,5-5,5		

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 31/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7135 Office of the Attorney General - Employer Maintenance Date of Disbursement 2 1 1 2007 Mailing Address Post Office Box 10 City State Zip Code Amount of Each Disbursement this Period TX 78767 Austin 150.00 Purpose of Disbursement Payroll Utz 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6849 Penske Truck Leasing Date of Disbursement 0 1 1[™]0 2007 Mailing Address 4101 E 14th Street City State Zip Code Amount of Each Disbursement this Period Des Moines 50313 IΑ 246.68 Purpose of Disbursement Truck leasing 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7015 Public Service of New Hampshire Date of Disbursement 2007 Mailing Address PO Box 360 City State Zip Code Amount of Each Disbursement this Period Manchester NH 03105 37.17 Purpose of Disbursement Utilities - New Hampshire 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 433.85

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SCHEDULE B (FEC Form 3P) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 23 27b	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) reimagine Mailing Address P2310 Lochinvar Drive			Transaction ID: SB23.6189 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Durham	State Zip Code NC 27705		Amount of Each Disbursement this Period
Purpose of Disbursement Website Candidate Name John H. Cox Office Sought: House Disburse X President State: District: 02	ement For: Primary General Other (specify)	101 Category/ Type	1000.00
Full Name (Last, First, Middle Initial) reimagine Mailing Address P2310 Lochinvar Drive			Transaction ID: SB23.7069 Date of Disbursement MOM Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement
City Durham Purpose of Disbursement	State Zip Code NC 27705		Amount of Each Disbursement this Period
Website Candidate Name John H. Cox Office Sought: House Disburse Senate	ement For: Primary General	101 Category/ Type	
X President State: District: 02	Other (specify) ▼		
Full Name (Last, First, Middle Initial) Rent-A-Center			Transaction ID: SB23.6833 Date of Disbursement Mom / Do D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 222 Lincoln Way City	State Zip Code		Amount of Each Disbursement this Period
Ames Purpose of Disbursement Deposit and rental Candidate Name John H. Cox	IA 50010	101 Category/ Type	1250.00
Office Sought: House Disburse Senate X President State: District: 02	ement For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			3250.00

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SCHEDULE B (FEC Form 3P)

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FOR LINE NUMBER: PAGE 33/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6833.0 Rent-A-Center Date of Disbursement 10 0 8 2007 Mailing Address 222 Lincoln Way City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 1100.00 Purpose of Disbursement Deposit 101 Candidate Name Category/ Type [MEMO ITEM] Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6833.1 Rent-A-Center Date of Disbursement 10 0 8 2007 Mailing Address 222 Lincoln Way City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 150.00 Purpose of Disbursement Rental 101 Candidate Name Category/ John H. Cox Туре [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6851 Republican Party of Iowa Date of Disbursement 0 1 2007 Mailing Address 621 East Ninth Street City State Zip Code Amount of Each Disbursement this Period Des Moines IΑ 50309 850.00 Purpose of Disbursement Straw Poll Tickes - golf cart rental 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 850.00

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 34/90 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7065 Republican Party of Texas Date of Disbursement 3 1 1[™]0 2007 Mailing Address 900 Congress Avenue Suite 300 Zip Code City State Amount of Each Disbursement this Period TX 78701 Austin 350.00 Purpose of Disbursement Convention Expenses 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6972 Chris Richter Date of Disbursement 15 1[™]0 2007 Mailing Address 33 Ashland Street City State Zip Code Amount of Each Disbursement this Period Manchester NH 03104 881.60 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6969 Chris Richter Date of Disbursement 26 2007 Mailing Address 33 Ashland Street City State Zip Code Amount of Each Disbursement this Period Manchester NH 03104 144.24 Purpose of Disbursement Telephone reimbursement 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 35/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6971 Chris Richter Date of Disbursement 3 1 1[™]0 2007 Mailing Address 33 Ashland Street City State Zip Code Amount of Each Disbursement this Period Manchester NH 03104 881.60 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6970 Chris Richter Date of Disbursement 2007 Mailing Address 33 Ashland Street City State Zip Code Amount of Each Disbursement this Period 03104 Manchester NH 138.33 Purpose of Disbursement Reimbursements - telephone termination f 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7067 Riverside Hotel Date of Disbursement 3 1 2007 Mailing Address 620 East Las Olas Boulevard City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale FL 33301 296.18 Purpose of Disbursement 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1316.11 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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SCHEDULE B (FEC Form 3P)		FOR LINE	NUMBER: PAGE 36/90
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		v one) 24 25 26 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any political c	committee to soi	icit contributions from such committee
COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Joe Speranzella			Transaction ID: SB23.6975 Date of Disbursement
Mailing Address 26759 Johnson Creek Ro	ad		1 0 M / D 3 1 Y 2 0 0 7 Y
,	State Zip Code MD 21817		Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name John H. Cox		101 Category/ Type	50.00
Office Sought: House Senate X President State: Disburse	ment For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) True-South Communications SC LLC			Transaction ID: SB23.7128 Date of Disbursement
Mailing Address 116 Golden Crest Court			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1^M & O & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2^M & 0 & 0^M & 7 \end{bmatrix}$
	State Zip Code SC 29662		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll		101	2000.00
Candidate Name John H. Cox		Category/ Type	
Office Sought: Senate X President State: Disburse	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) True-South Communications SC LLC			Transaction ID: SB23.7128.0 Date of Disbursement
Mailing Address 116 Golden Crest Court			10 M / D D / Y 2007 Y
	State Zip Code SC 29662		Amount of Each Disbursement this Period
Purpose of Disbursement Salary		101	2000.00
Candidate Name John H. Cox		Category/ Type	
Office Sought: Senate X President State: Disburse	ment For: Primary General Other (specify) ▼	,,	[MEMO ITEM]
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TOTAL This Period (last page this line number only)		>	

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 37/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7128.1 True-South Communications SC LLC Date of Disbursement 15 2007 Mailing Address 116 Golden Crest Court City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 -12.00Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7129 True-South Communications SC LLC Date of Disbursement 0 2 2007 Mailing Address 116 Golden Crest Court City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 2313.14 Purpose of Disbursement Salary and expense reimbursement 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7129.0 True-South Communications SC LLC Date of Disbursement 0 2 2007 Mailing Address 116 Golden Crest Court City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 2000.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 2313.14 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		FC	RIIN	E NUMBER: PAGE 38/90					
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	any Information copied from such Reports and Statem r for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC										
A.	Full Name (Last, First, Middle Initial) True-South Communications SC LLC					1		tion ID Disburs	_	_	29.1
	Mailing Address 116 Golden Crest Court					1 M	M	/ D	0 2	/ Y	2007
		State Zip Code SC 29662				Amo	ount o	of Each	n Dist	ourser	ment this Period
	Purpose of Disbursement Wire fee			10	1			•			-12.00
	Candidate Name John H. Cox		С	ateg Typ		IME	мо	ITEM	1		
	Senate X President	ement For: Primary General Other (specify)							•		
_	State: District: 02 Full Name (Last, First, Middle Initial)					Trar	ısacı	tion ID	: SB:	23.71	29.2
B.	SunCom Wireless							Disburs		nt	· · · · · · · ·
	Mailing Address Post Office Box 190028					1 1 M	I M	/ D	0 2	/ LY	ž 0 ŏ 7 ×
		State Zip Code SC 29419				Amo	ount o	of Each	n Dist	ourser	ment this Period
	Purpose of Disbursement Telephone service		Г	10	1			0			325.14
	Candidate Name John H. Cox		С	ateg Typ	-	IME	MO	ITEM	1		
	Office Sought: House Senate X President State: District: 02	ement For: Primary General Other (specify)				[IVIE	WIO	i i Eivi	J		
C.	Full Name (Last, First, Middle Initial) True-South Communications SC LLC							tion ID Disburs	emer)97
	Mailing Address 116 Golden Crest Court					1 M	M	/ D	0 5	/ Y	ž 0 0 7 °
		State Zip Code SC 29662				Amo	ount o	of Each	n Dist	ourser	ment this Period
	Purpose of Disbursement Office expenses			10				•			1008.09
	Candidate Name John H. Cox		С	ateg Typ	-						
	Senate X President	ement For: Primary General Other (specify)									
Γ	State: District: 02							•		•	1008.00
	SUBTOTAL of Disbursements This Page (optional) .					H	-		-	-	1008.09
	TOTAL This Period (last page this line number only)				•						

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 39/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.0 FedEx Kinko's Date of Disbursement 14 0 9 2007 Mailing Address 550 Woods Lake Road City State Zip Code Amount of Each Disbursement this Period Greenville SC 29607 67.84 Purpose of Disbursement **Photocopies** 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.1 Office Depot - Greenville Date of Disbursement 14 0 9 2007 Mailing Address 101 Verdae Boulevard #1000 City State Zip Code Amount of Each Disbursement this Period Greenville 29607 SC 57.19 Purpose of Disbursement Folders, ink cartridges 101 Candidate Name Category/ John H. Cox Туре [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.2 FedEx Kinko's Date of Disbursement 2007 Mailing Address 550 Woods Lake Road City State Zip Code Amount of Each Disbursement this Period Greenville SC 29607 90.03 Purpose of Disbursement Business cards 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 0.00

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 40/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.3 FedEx Kinko's - Greenville, SC Date of Disbursement 25 0 9 2007 Mailing Address 845 Mauldin Road City State Zip Code Amount of Each Disbursement this Period Greenville SC 29607 50.27 Purpose of Disbursement Overnight shipping 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.4 Nathans Date of Disbursement 16 0 9 2007 Mailing Address One Airport Drive City State Zip Code Amount of Each Disbursement this Period 28208 Charlotte NC 5.50 Purpose of Disbursement Lunch 101 Candidate Name Category/ John H. Cox Туре [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.5 Grillfish/Crust Date of Disbursement 2007 Mailing Address 1444 Collins Avenue City State Zip Code Amount of Each Disbursement this Period Miami FL 33139 47.24 Purpose of Disbursement Dinner 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 0.00 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 41/90 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.6 Big City Date of Disbursement 0 9 2007 Mailing Address 609 East Las Olas Boulevard City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale 33301 FL 6.36 Purpose of Disbursement Lunch 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.7 Riverside Hotel Date of Disbursement 18 0 9 2007 Mailing Address 620 East Las Olas Boulevard City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale 33301 FL 1.84 Purpose of Disbursement Newspapers 101 Candidate Name Category/ John H. Cox Туре [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.8 7-Eleven - Ft. Lauderdale Date of Disbursement 18 2007 Mailing Address 460 West Broward Boulevard City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale FL 33312 15.43 Purpose of Disbursement Gasoline 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 0.00 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 23 27b	NUMBER: PAGE 42 / 90 y one) 24
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person f	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) National Car Rental - Ft. Lauderdale			Transaction ID: SB23.7097.9 Date of Disbursement
Mailing Address 100 Aviation Boulevard			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
,	State Zip Code FL 33315		Amount of Each Disbursement this Period
Purpose of Disbursement Car rental Candidate Name John H. Cox	ment For: Primary General Other (specify)	101 Category/ Type	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Charlotte Douglas Parking Mailing Address 3501 Josh Birmingham F	Parkway		Transaction ID: SB23.7097.10 Date of Disbursement M 9 M / D 1 B / Y Y Y O 7 Y 2 0 0 7 Y
,	State Zip Code NC 28208		Amount of Each Disbursement this Period
Purpose of Disbursement Parking		101	9.00
Candidate Name John H. Cox		Category/ Type	[MEMO ITEM]
Office Sought: House Disburse Senate X President State: District: 02	ment For: Primary General Other (specify)		[2
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.7097.11
Sweetwater Draft			Date of Disbursement
Mailing Address 6000 North Terminal Par	kway		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Atlanta	State Zip Code GA 30320		Amount of Each Disbursement this Period
Purpose of Disbursement Lunch		101	27.82
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Disburse Senate X President	ment For: Primary General Other (specify)	. 75-2	[MEMO ITEM]
State: District: 02			
SUBTOTAL of Disbursements This Page (optional)			0.00

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 43 / 90
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 23 27b	24 25 26 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any person t	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and dadress of any pointed		not contributions from such committee
COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: SB23.7097.12 Date of Disbursement
Mailing Address 295 North Maple			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code NJ 07920		Amount of Each Disbursement this Period
Purpose of Disbursement Telephone service		101	103.12
Candidate Name John H. Cox		Category/ Type	IMENO ITEM
Office Sought: House Senate X President State: Disburse	ment For: Primary General Other (specify)		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			
SunCom Wireless			Transaction ID: SB23.7097.13 Date of Disbursement
Mailing Address Post Office Box 190028			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code SC 29419		Amount of Each Disbursement this Period
Purpose of Disbursement Cellular service		101	233.62
Candidate Name John H. Cox		Category/ Type	[MEMO ITEM]
Office Sought: Senate X President State: Disburse	ment For: Primary General Other (specify)		[MEMOTIEM]
Full Name (Last, First, Middle Initial)			T IB ODO0 7007.14
Dan Herren			Transaction ID: SB23.7097.14 Date of Disbursement
Mailing Address 116 Golden Crest Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code SC 29662		Amount of Each Disbursement this Period
Purpose of Disbursement Mileage - 09.16.07 - 09.20.07		101	178.89
Candidate Name John H. Cox		Category/ Type	(MEMO ITEM)
Senate	ment For: Primary General		[MEMO ITEM]
X President State: District: 02	Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .)	0.00

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 44/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.15 Dan Herren Date of Disbursement 20 0 9 2007 Mailing Address 116 Golden Crest Road City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 -4.93Purpose of Disbursement Late fee reduction 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6831 US Cellular Date of Disbursement 0 1 1[™]0 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period Palatine IL 60623 296.16 Purpose of Disbursement Cellular telephone service 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7021 US Cellular Date of Disbursement 0 1 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60623 332.05 Purpose of Disbursement Cellular phones 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 628.21

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 45/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7022 **US** Cellular Date of Disbursement 2 2 1[™]0 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period Palatine 60623 IL 46.24 Purpose of Disbursement Cell phones 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7050 US Cellular Date of Disbursement [™]0 25 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period Palatine IL 60623 318.59 Purpose of Disbursement Cellular service 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7023 US Cellular Date of Disbursement 3 1 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60623 47.91 Purpose of Disbursement Cell phones 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 46/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7064 **US** Cellular Date of Disbursement 27 1 1 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period Palatine 60623 IL 338.56 Purpose of Disbursement Telephone service 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7024 US Cellular Date of Disbursement [™]2 2007 Mailing Address PO Box 1 City State Zip Code Amount of Each Disbursement this Period Palatine IL 60623 46.24 Purpose of Disbursement Cell phones 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6976 John Utz Date of Disbursement 2007 Mailing Address 813 Pesch City State Zip Code Amount of Each Disbursement this Period Rowan IΑ 50470 850.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 47/90 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6977 John Utz Date of Disbursement 3 Ŏ 1[™]0 2007 Mailing Address 813 Pesch City State Zip Code Amount of Each Disbursement this Period 50470 Rowan IΑ 850.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7144 John Utz Date of Disbursement 19 2007 Mailing Address 813 Pesch City State Zip Code Amount of Each Disbursement this Period 50470 Rowan IΑ 204.11 Purpose of Disbursement Reagan Dinner expenses 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7144.3 John Utz Date of Disbursement 2007 Mailing Address 813 Pesch City State Zip Code Amount of Each Disbursement this Period Rowan IΑ 50470 92.12 Purpose of Disbursement Mileage 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only			
	Detailed Summary Page	X 23 27b	24 25 26 27a 28a 28b 28c 29		
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC					
Full Name (Last, First, Middle Initial) Joe Van Ginkel			Transaction ID: SB23.7053 Date of Disbursement		
Mailing Address 3378 110th Street			$\begin{bmatrix} 1 & 2 & M \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 1 & 0 \\ 1 & 9 \end{bmatrix} / \begin{bmatrix} 1 & 0 & 0 \\ 1 & 2 & 0 & 0 \\ 1 & 0 & 0 \end{bmatrix}$		
,	State Zip Code A 50061		Amount of Each Disbursement this Period	_	
Purpose of Disbursement Travel reimbursement		101	146.57		
Candidate Name John H. Cox		Category/ Type			
Office Sought: House Disburser Senate X President	ment For: Primary General Other (specify) ▼				
State: District: 02				_	
Full Name (Last, First, Middle Initial) Verizon			Transaction ID: SB23.7025 Date of Disbursement		
Mailing Address Post Office Box 1			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$		
,	State Zip Code MA 01654-0001		Amount of Each Disbursement this Period	_	
Purpose of Disbursement Telephone service - New Hampshire		101	142.75		
Candidate Name John H. Cox		Category/ Type			
Office Sought: House Senate X President	ment For: Primary General Other (specify) ▼				
State: District: 02 Full Name (Last, First, Middle Initial)				_	
Vonage			Transaction ID: SB23.6830 Date of Disbursement		
Mailing Address 23 Main Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$		
	State Zip Code NJ 07733		Amount of Each Disbursement this Period	_	
Purpose of Disbursement Telephones		101	131.10		
Candidate Name John H. Cox		Category/ Type			
Office Sought: House Disburser Senate X President	nent For: Primary General Other (specify)				
State: District: 02	Carior (opcony) ♥				
SUBTOTAL of Disbursements This Page (optional)		>	420.42		

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SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 49/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7049 Vonage Date of Disbursement 23 1[™]0 2007 Mailing Address 23 Main Street City State Zip Code Amount of Each Disbursement this Period Holmdel NJ 07733 131.20 Purpose of Disbursement Telephone service 101 Candidate Name Category/ John H. Cox Type Office Sought: Disbursement For: House Senate General Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7070 Vonage Date of Disbursement [™]0 3 1 2007 Mailing Address 23 Main Street City State Zip Code Amount of Each Disbursement this Period Holmdel NJ 07733 131.11 Purpose of Disbursement Telephone service 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7062 Vonage Date of Disbursement 2007 Mailing Address 23 Main Street City State Zip Code Amount of Each Disbursement this Period Holmdel NJ 07733 98.52 Purpose of Disbursement Telephone service 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 360.83 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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SCHEDULE B (FEC Form 3P)

District: 02

FOR LINE NUMBER: PAGE 50/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 23 25 27a 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7002 Mark Vonderohe Date of Disbursement 2 2 1[™]0 2007 Mailing Address 502 First Street SE #05 City State Zip Code Amount of Each Disbursement this Period Waukon IΑ 52172 34.22 Purpose of Disbursement Reimbursement 101 Candidate Name Category/ John H. Cox Type Office Sought: Disbursement For: House General Senate Primary χ President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	34.22
TOTAL This Period (last page this line number only)	•	31922.84

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4100			
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General			
Mailing Address 55 East Erie	Other (specify) ▼			
City Chicago State IL ZI	P Code 60611			
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period			
25000.00	0.00 25000.00			
TERMS Date Incurred Date Du	e Interest Rate Secured:			
M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	25000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.			

PAGE 52/90 Use separate schedule(s)

LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4101
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)
City Chicago State IL ZIP C	Code 60611
Original Amount of Loan Cumulative Payment T	
15000.00	0.00 15000.00
Date Incurred Date Due	Interest Rate Secured:
0 3 D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b				
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4429				
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General				
Mailing Address 55 East Erie	Other (specify)				
City Chicago State IL ZIF	P Code 60611				
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period				
10000.00	0.00 10000.00				
TERMS Date Incurred Date Due	e Interest Rate Secured:				
M M D D D 2 0 0 6 12/31/2008	5.1 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)	10000.00				
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.				

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4432		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	le 60611			
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period		
20000.00	0.00	20000.00		
TERMS Date Incurred Date Due	Interest F	Rate Secured:		
0 5 D D D 2 0 0 6 12/31/2008		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City Ctata 7ID Code	Amount Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4433		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	le 60611			
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period		
20000.00	0.00	20000.00		
Date Incurred Date Due	Interest F	Rate Secured:		
05 D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
212.0	Amount Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s)

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LOANS	for each category of the Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	_	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	EI	ection ID: SC/12.4434 ection: Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	de 60611	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
20000.00	0.00	20000.00
Date Incurred Date Due	Interest Rate	e Secured:
0 5 1 1 D 2 0 0 6 12/31/08	5.	1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	riate line of Summary.

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4435			
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General			
Mailing Address 55 East Erie	Other (specify)			
City Chicago State IL ZIP C	ode 60611			
Original Amount of Loan Cumulative Payment	Fo Date Balance Outstanding at Close of This Period			
15000.00	0.00 15000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	15000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 58 / 90
FOR LINE NUMBER: (check only one)

LOANS	Detailed Summa	ary Page	(check only one)	X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC				
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie		Ele	ion ID: SC/12.4457 ction: Primary General Other (specify)	
City Chicago State IL ZIP C				
Original Amount of Loan Cumulative Payment T	0.00	Balance C	Outstanding at Close of T	
Date Incurred Date Due Date Due		nterest Rate 5.1	Secur % (apr)	red: 'es X No
Full Name (Last, First, Middle Initial) Mailing Address	Name of Employer Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	>		1000	00.00
TOTALS This Period (last page in this line only)	•			.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward	d to appropr	iate line of Summary.	

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4456
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Co	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 2 8 D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	. 00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	for each category of the Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 Fast Frie	E	ction ID: SC/12.4458 lection: X Primary General Other (specify)
00 200. 2110		Other (specify) \ \Phi
City Chicago State IL ZIP Co		Outstanding of Observat This Build
Original Amount of Loan Cumulative Payment To	0.00	Outstanding at Close of This Period 15000.00
TERMS Date Incurred Date Due	Interest Rat	e Secured:
0 8 D D D 2 0 0 6 12/31/08	5.	1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	15000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	oriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4459
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
15000.00	0.00	15000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 8 2 8 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
2700	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	• · · ·	15000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	adula D. carry forward to carry	onriate line of Summary
Carry outstanding balance only to Line 3, Schedule D, for this line. If no Sche	cuule D, calify lorward to appr	opriate line of Summary.

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4460
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

PAGE 63/90 Use separate schedule(s)

OANS	for each category of the Detailed Summary Page	7 FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	action ID: SC/12.4461
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period
30000.00	0.00	30000.00
TERMS Date Incurred Date Due	Interest R	ate Secured:
0 9 2 0 0 6 12/31/08		% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u>•</u>	30000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	opriate line of Summary.

PAGE 64/90 Use separate schedule(s) for each category of the

FOR LINE NUMBER:

LOANS	Detailed Summary P	age (check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
	T	ransaction ID: SC/12.4462
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	de 60611	
Original Amount of Loan Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
25000.00	0.00	25000.00
TERMS Date Incurred Date Due	Intere	est Rate Secured:
0 9 D D 2 8 D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional))	25000.00
TOTALS This Period (last page in this line only)	>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to	appropriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19

LOANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		action ID: SC/12.4782 Election: X Primary
Mailing Address 55 East Erie		General Other (specify) ▼
City Chicago State IL ZIP Code	e 60611	
Original Amount of Loan Cumulative Payment To I	Date Balance	e Outstanding at Close of This Period
50000.00	0.00	50000.00
Date Incurred Date Due	Interest Ra	ate Secured:
10 D 2006 12/31/08	5	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	> [50000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appro	priate line of Summary.

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LOANS	for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trai	nsaction ID: SC/12.4783
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	ITa	Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
10 D D 26 D 2006 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	dule D, carry forward to ap	propriate line of Summary.

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OANS	for each catego Detailed Summ		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	-	Transacti	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	on ID: SC/12.4784 etion: Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State IL ZIP Coc	de 60611		
Original Amount of Loan Cumulative Payment To	Date	Balance O	utstanding at Close of This Period
20000.00	0.00		20000.00
TERMS Date Incurred Date Due		Interest Rate	Secured:
M M D D D D 2 0 0 6 12/31/08		5.1	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	>	0 0	20000.00
TOTALS This Period (last page in this line only)	>		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forwar	rd to appropria	ate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
LOAN SOURCE Full Name (Last, First, Middle Initial)		action ID: SC/12.4785
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Code		
Original Amount of Loan Cumulative Payment To I	Date Balance	Outstanding at Close of This Period
10000.00	0.00	10000.00
TERMS Date Incurred Date Due	Interest Ra	te Secured:
1 1 D D 2 0 0 6 12/31/08	5	.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	10000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appro	priate line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4786
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP (Code 60611
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
50000.00	0.00 50000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D D 0 6 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	chedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19

LOANS		for each category of Detailed Summary F	check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		_			
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox			Election: X Primary General		
Mailing Address 55 East Erie			Other (specify)		
City Chicago	State IL ZIP Co	de 60611			
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period		
50000.00		0.00	50000.00		
TERMS Date Incurred	Date Due	Intere	est Rate Secured:		
12 D D 2006	12/31/08		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to L	oan Source				
Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		Occupation			
		Amount			
City Stat	e ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Stat	e ZIP Code	Amount Guaranteed			
Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer			
		, ,			
Mailing Address		Occupation			
	710.0	Amount Guaranteed			
City Stat	e ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City Stat	e ZIP Code	Guaranteed Outstanding:			
	n.	.	50000.00		
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) .00					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					
Carry Outstanding paidlice Ulify to Line 3, 3011	saule D. 101 11113 11116. II 110 3011	cuuic Di vari y lui wal a lu	appropriate line or Junillal V.		

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5197			
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify) \(\psi			
	0044			
City Chicago State IL ZIF Original Amount of Loan Cumulative Paymer	P Code 60611 Balance Outstanding at Close of This Period			
50000.00	0.00 50000.00			
Date Incurred Date Due	Interest Rate Secured:			
0 1 D D 2 0 0 7 Y Y Y 12/31/2008	5.10 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5198		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:		
John H. Cox	X Primary General			
Mailing Address 55 East Erie	Other (specify)			
City Chicago State IL ZIP Coo	le 60611			
40000.00	0.00	40000.00		
Date Incurred Date Due	Interest F	Rate Secured:		
0 1 1 1 6 2 0 0 7 12/31/2008		5.10 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SURTOTALS This Period This Page (optional)				
COSTOTALO TIMOT CHOC T				
TOTALS THIS Foliat page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		190
		tion ID: SC/12.5199
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	EI	ection: Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	ode 60611	
Original Amount of Loan Cumulative Payment T	o Date Balance	Outstanding at Close of This Period
50000.00	0.00	50000.00
TERMS Date Incurred Date Due	Interest Rate	e Secured:
0 1 D D 2 9 2 0 0 7 12/31/2008	5.	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	0 0 0 0
,	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	•	50000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch		
Carry Cate and ing Datance Only to Link 3, Schedule D, for this line. If 110 Sch	icacio D, carry iorward to approp	nate inte of Junimal y.

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OANS	for each category Detailed Summa		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Transactio	on ID: SC/12.5200
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	
Mailing Address 55 East Erie			Other (specify) ▼
City Chicago State IL ZIP Coc	de 60611		
Original Amount of Loan Cumulative Payment To	Date	Balance Ou	tstanding at Close of This Period
20000.00	0.00		20000.00
TERMS Date Incurred Date Due	lr	nterest Rate	Secured:
0 2 0 6 2 0 0 7 12/31/08		5.10	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	>		20000.00
TOTALS This Period (last page in this line only)	>		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward	d to appropria	te line of Summary.

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LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5201
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP (Code 60611
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
30000.00	0.00 30000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D D 2 2 0 0 7 12/31/08	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State En Sees	Outstanding:
SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	chedule D, carry forward to appropriate line of Summary.

PAGE 76/90 Use separate schedule(s)

LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5202
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify) \
City Chicago State IL ZIP C	Code 60611
Original Amount of Loan Cumulative Payment	
50000.00	0.00 50000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
0 3 D D D 2 0 0 7 12/31/08	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Science 10 of the Science 1	chedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5203
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
50000.00	0.00	50000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 3 1 4 2 0 0 7 12/31/08		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		5000000
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appr	ropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19

LOANS	for each category of the Detailed Summary Page (check only or	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Towns at the ID CC/40/	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.5 Election: X Primary General	05/4
Mailing Address 55 East Erie	Other (specify)	▼
City Chicago State IL ZIP Code	60611	
Original Amount of Loan Cumulative Payment To D	ate Balance Outstanding at Clo	ose of This Period
25000.00	0.00	25000.00
TERMS Date Incurred Date Due	Interest Rate	Secured:
0 4 D D D D D D D D D D D D D D D D D D	0/00 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	-
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	0 0
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	-
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		25000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched		arv.

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LOANS	for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	saction ID: SC/12.5575
LOAN SOURCE Full Name (Last, First, Middle Initial)	ITali	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
15000.00	0.00	15000.00
TERMS Date Incurred Date Due	Interest F	Rate Secured:
0 4 D D D 2 0 0 7 Y Y Y Y 12/31/08		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u>+</u>	15000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to app	ropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

X 19a

LOANS	Detailed Summary Page	(check only one)	X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			1 1 190
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		ection: Primary	
Mailing Address 55 East Erie		General Other (specify) ▼	
City Chicago State IL ZIP Cod	de 60611		
Original Amount of Loan Cumulative Payment To	Date Balance 0	Outstanding at Close of Th	nis Period
50000.00	0.00	50000.	00
TERMS Date Incurred Date Due	Interest Rate	e Secure	ed:
0 5 D D 2 2 0 0 7 12/31/08	0	% (apr)	es X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	<u></u>	50000	0.00
TOTALS This Period (last page in this line only)			.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	riate line of Summary.	

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5577
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Co	nde 60611
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M 16 D 2007 12/31/08	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.5578 Election: X Primary General
Mailing Address 55 East Erie	Other (specify) ▼
City Chicago State IL	ZIP Code 60611
Original Amount of Loan Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 25000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
0 6 1 3 2 2 0 0 7 12/31/08	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5579
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 6 1 4 2 0 0 7 1 2/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional))	25000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D. carry forward to app	ropriate line of Summarv.
The state of the s	to upp	

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LOANS	for each category of the Detailed Summary Page FOR LINE NUM (check only one)	BER: X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.55	80
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	50
John H. Cox	X Primary General	
Mailing Address 55 East Erie	Other (specify)	•
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close	e of This Period
25000.00	0.00	5000.00
Date Incurred Date Due	Interest Rate S	ecured:
0 6 3 0 2 0 0 7 12/31/08	0 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	-
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	5000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appropriate line of Summar	<i>j</i> .

PAGE 85/90 Use separate schedule(s)

OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.6136 Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL	ZIP Code 60611
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
30000.00	0.00 30000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
0 7 D 2 0 0 7 Y Y Y 12/31/08	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D, carry forward to appropriate line of Summary.

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OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one)	e Pb
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.6137	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP C	ode 60611	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period	od
25000.00	0.00 25000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M M D D D 2 2 2 2 2 2 2 2 3 0 0 7 1 2/31/08	0.00 % (apr) Yes X	No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	25000.00	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.	\dashv

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OANS	for each catego Detailed Summ		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	-	Transacti	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	on ID: SC/12.6138 tion: Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State IL ZIP Coc	de 60611		
Original Amount of Loan Cumulative Payment To	Date	Balance Ou	utstanding at Close of This Period
25000.00	0.00		25000.00
TERMS Date Incurred Date Due		Interest Rate	Secured:
M M D D D 2 0 0 7 12/31/08		0.00	7
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer	ſ	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer	r	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer	f	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	>		25000.00
TOTALS This Period (last page in this line only)	>		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forwar	d to appropria	ite line of Summary.

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FOR LINE NUMBER:

LOANS	Detailed Summary Page	(check only one)	X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		<u> </u>	1 1 190
		tion ID: SC/12.6139	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		ection: Primary General	
Mailing Address 55 East Erie		Other (specify)	
City Chicago State IL ZIP C	ode 60611		
Original Amount of Loan Cumulative Payment T	o Date Balance	Outstanding at Close of Thi	s Period
10000.00	0.00	10000.0	0
TERMS Date Incurred Date Due	Interest Rate	e Secured	l:
0 9 D D 2 0 0 7 Y Y Y Y 12/31/08	0.0	% (apr)	X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		_
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		7
J.,	Outstanding:		_
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		_
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	• ·	10000	.00
TOTALS This Period (last page in this line only)			.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci		riate line of Summary	
carry cate taritating balance only to Enter 3, confedure 5, for this line. If 110 301	iloudio D, cuity forward to approp	iato inic oi ouiiinai y.	

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OANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trance	action ID: SC/12.7036
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary
Mailing Address 55 East Erie		General Other (specify) ▼
City Chicago State IL ZIP Cod		
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interest Ra	ate Secured:
1 0 D D 2 D 2 0 0 7 Y Y Y 12/31/08	C	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appro	priate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19

LOANS	Detailed Summary Page (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	ID 00/40 7007
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Transaction ID: SC/12.7037 Election: X Primary General Other (specify) ▼
City Chicago State IL ZIP	Code 60611
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
10000.00	0.00 10000.00
Date Incurred Date Due Date Incurred Date Due Date	Interest Rate Secured: 0.00 % (apr) Yes X No
	/0 (dp1)
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	1055000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	chedule D, carry forward to appropriate line of Summary.